

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



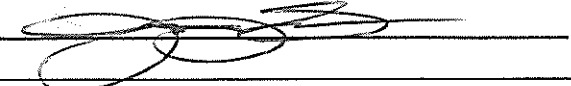
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08840	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name John Gervacio P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization. Name O.P.C.M.I.A., Local Union #630 Labor Organization File Number 037-279 P.O. Box, Building and Room Number, if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Sergeant at Arms	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <u>3/1/06</u> Date	(808) 841-0491 Telephone Number

Name of Person Filing John Gervacio

File Number U- 08840

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hawaii Masons & Plasterers Training Trust Fu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringe benefits are part of employment arrangement. Outer island travel, seminar attendance, cellular phone and reimbursed expenses are all job-related.
See Attachment 1 of 1

11.b. Approximate dollar value of such dealing.

\$38,453

12.a. Nature of interest held or income received.

Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities.
Instructor fees are paid for services performed to provide active guidance and teaching.
See Attachment - Page 1 of 1

12.b. Amount.

\$91,919

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.